

License Exempt (LE)

Department of Workforce Services (DWS) Approvals

Interpretation Manual

This manual is for providers and Child Care Licensing staff. Its purpose is to help ensure statewide consistency in the understanding and enforcement of the DWS Approval Requirements. Each section of requirements has the:

Requirement – the text of each requirement

Rationale / Explanation – the reason for and, when applicable, additional information about the requirement

Compliance Guideline(s) – how compliance can be achieved and maintained

Violation Risk(s) – the level(s) of potential harm to children due to a violation

Information in the Rationale / Explanation section has references to “CFOC.” This stands for *Caring for Our Children: Guidelines for Out-of-Home Child Care Programs*. This book has standards generally accepted as the best practices to ensure the health and safety of children in child care.

Inspections

Providers have required Announced and Unannounced Inspections during the year. They will also have Complaint Investigations when there are reports of alleged noncompliance with child care requirements. During these Inspections and Investigations, licensors assess compliance with requirements. When noncompliance is found and not corrected during the inspections and/or investigations, providers are given dates by which to show compliance. When providers don't show compliance by those dates, their approvals are deactivated.

Violations

After Inspections/Investigations with noncompliance items, violations are created. These violations have the details of the noncompliance item(s), the date by which the noncompliance item was or must be in compliance, and the level of risk. The level of risk is the level of potential harm to children. High Risk is the most serious, Moderate Risk is less serious, and Low Risk is the least serious.

The level of risk also determines the Corrective Action. A Citation has a higher potential of harm to children than a Warning. A Low Risk Violation will receive a Warning the first and second time it occurs and a Citation on the third time it occurs. A Moderate Risk Violation will receive a Warning the first time it occurs, a Citation the second time it occurs, and a Repeat Citation the third time it occurs. A High Risk Violation will receive a Citation the first time it occurs and a Repeat Citation the second and third time it occurs.

Public Record

Citations from Announced Inspections and Unannounced Inspections are part of the provider's public record. Citations and Warnings from Complaint Investigations are part of the provider's public record.

40-1 Purpose

- (1) These requirements define the procedures for obtaining and renewing a LE DWS Approval.
- (2) These requirements establish the foundational standards necessary to protect the health and safety of children in LE DWS Approved facilities and programs.

40-2 Definitions

- (1) "Caregiver" means an employee (who receives direct or indirect compensation) or a volunteer (who does not receive direct or indirect compensation) who provides direct care to children.
- (2) "CCL" means the Child Care Licensing Program in the Department of Health.
- (3) "Covered Individual" means any of the following individuals involved with the facility/program:
 - (a) an owner or member of the governing body,
 - (b) a director or director designee,
 - (c) a caregiver or assistant caregiver,
 - (d) an employee,
 - (e) an individual 12 years old and older living where care is provided, or
 - (f) anyone who has unsupervised contact with a child in care.
- (4) "Entrapment Hazard" means an opening greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter where a child's body could fit through but the child's head could not fit through, potentially causing a child's entrapment and strangulation.
- (5) "Facility" means the indoor and outdoor areas approved for child care.
- (6) "Group" means the children assigned to and supervised by one or more caregivers.
- (7) "Guest" means an individual who is not a Covered Individual and is at the facility with the provider's permission.
- (8) "Inaccessible" means:
 - (a) When there are children in care younger than 5 years old:
 - (i) locked, such as in a locked room, cupboard, or drawer;
 - (ii) secured with a child safety device, such as a child safety cupboard lock or doorknob device;
 - (iii) behind a properly secured child safety gate;
 - (iv) located in a cupboard or on a shelf at least 36 inches above the floor; or
 - (v) located in a bathroom cupboard or on a bathroom shelf at least 36 inches above a surface on which a child could stand or climb.
 - (b) When all children in care are 5 years old or older:
 - (i) locked, such as in a locked room, cupboard, or drawer;
 - (ii) secured with a child safety device, such as a child safety cupboard lock or doorknob device;
 - (iii) behind a properly secured child safety gate;
 - (iv) located in a cupboard or on a shelf at least 48 inches above the floor; or
 - (v) located in a bathroom cupboard or on a bathroom shelf at least 48 inches above a surface on which a child could stand or climb.
- (9) "Infant" means a child who is younger than 1 year old.
- (10) "Older toddler" is a child who is 18 months to 23 months old.
- (11) "Parent volunteer" is an individual with legal guardianship of children currently enrolled at the facility/program.
 - (a) A parent volunteers counts in caregiver to child ratios or is ever left unsupervised with children other than their own (they are not in the same room/area as an individual who passed a CCL background check), is a caregiver and required to pass a CCL background check.
 - (b) A parent volunteer who never counts in caregiver to child ratios and is never left unsupervised with children other than their own is a guest and is not required to have a CCL background checks but is required to wear a guest name tag.

40-2 Definitions (continued)

- (12) "Protective barrier" means an enclosing structure such as bars, lattice, or solid panels, around an elevated play equipment platform (a flat surface on a piece of stationary play equipment intended for more than one user to stand on and upon which the users can move freely) and is intended to prevent accidental or deliberate movement through or access to something
- (13) "Protective cushioning" means a shock-absorbing surface under and around equipment that reduces the severity of injuries from falls.
- (14) "Provider" means the administrator of the facility/program.
- (15) "School age child" is a child who is 5 years old through 12 years old.
- (16) "Stationary play equipment" means equipment such as a climber, a slide, a swing, a merry-go-round, or a spring rocker that is meant to stay in one location when children use it. Stationary play equipment does not include sandboxes, stationary circular tricycles, sensory tables, or playhouses that sit on the ground with no play equipment (such as slides, swings, ladders, and climbers) attached to them.
- (17) "Strangulation hazard" means something on which a child's clothes or something around a child's neck could become caught such as.
 - (a) a protruding bolt end that extends more than 2 threads beyond the face of the nut;
 - (b) hardware that forms a hook or leaves a gap or space between components such as a protruding S-hook; or
 - (c) a rope, cord, or chain that is attached to a structure and is long enough to encircle a child's neck.
- (18) "Student intern" means a student who is employed or volunteering at the facility or with the program for a fixed period of time.
- (19) "Toddler" means a child who is 1 year old.
- (20) "Use zone" means the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment and onto which a child falling from or exiting the equipment could be expected to land.
- (21) "Volunteer" means an individual who does not receive any form of direct or indirect compensation for their services.
 - (a) When a volunteer counts in caregiver to child ratios or is ever left unsupervised with children (they are not in the same room/area as an individual who passed a CCL background check), they are a caregiver and are required to pass a CCL background check.
 - (b) A volunteer who never counts in caregiver to child ratios and is never left unsupervised with children is a guest and is not required to have a CCL background check and is required to wear a guest name tag.

40-3 Approval Details

- (1) LE DWS Approvals are required for providers to be eligible to receive Child Care Development Fund (CCDF) money and/or child care subsidy payments from DWS.
- (2) LE DWS Approvals are active for one year.
- (3) LE DWS Approvals are for the facility/program and the approved location and are not assignable or transferable. An application for a new LE DWS Approval is required for a different facility/program or for a different location.
- (4) LE DWS Approvals will not be given if there is an active Child Care License at the same location.
- (5) LE DWS Approvals are not available for license-exempt providers when the reason for the exemption is:
 - (a) The care is provided by or at a private school.
 - (b) The care is provided on a sporadic basis.

40-4 New and Renewal Approvals

- (1) To receive a new LE DWS approval, the applicant must do all of the following:
 - (a) Read the requirements.
 - (b) Submit the following:
 - (i) a completed LE DWS Approval Application,
 - (ii) a completed Background Check form for each Covered Individual,
 - (iii) required fingerprints and fingerprint processing fees, and
 - (iv) background check fees.
 - (c) Complete New Provider Training.
 - (d) Ensure all Covered Individuals passed the CCL background check.
 - (e) Have an onsite inspection and be in compliance with all requirements.
- (2) A LE DWS Approval application will be denied when:
 - (a) The provider does not complete the CCL background check process within 6 months of submitting the application;
 - (b) The provider does not complete New Provider Training within 6 months of submitting the application;
 - (c) All Covered Individuals do not pass the background check;
 - (d) The provider is not there for the onsite inspection; and/or
 - (e) The provider does not show compliance with the requirements within 6 months of submitting the application.
- (3) To renew a LE DWS Approval, the provider must:
 - (a) Submit a Renewal Request through their CCL Provider Portal at least 30 calendar days before the expiration of the current approval, and
 - (b) Have an announced onsite inspection and be in compliance with all requirements before the end date of the approval.

40-5 Inspections

- (1) Before the new approval, the provider will have an announced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). The application will be denied when the provider does not show compliance with the requirement(s) by the required date.
- (2) During the approval year, the director or the director designee will have an unannounced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the director or the director designee will be given a date to come into compliance with the requirement(s). The approval will be deactivated when the director does not show compliance with the requirement(s) by the required date.
- (3) Before the expiration date of the approval, the director will have an announced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the director will be given a date to come into compliance with the requirement(s). The approval will be deactivated when the director does not show compliance with the requirement(s) by the required date.
- (4) When there are concerns with compliance, the director or the director designee will have an unannounced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the director or the director designee will be given a date to come into compliance with the requirement(s). The approval will be deactivated when the provider does not show compliance with the requirement(s) by the required date.
- (5) Providers can appeal any action taken by the Child Care Licensing staff by submitting a Child Care Licensing Appeal Request Form through their Child Care Licensing Portal.

40-6 Administration and Children's Records

Requirement

- (1) The provider must ensure all areas of the facility are maintained and used in a safe manner to prevent injury to children. This includes the proper handling, storage, and disposal of hazardous materials and bio-contaminants.

Rationale / Explanation

The physical structure where children spend each day can present health and safety concerns if the facility is not maintained in good repair and safe condition. Floors that are cracked or porous cannot be kept clean and sanitary and flooring in disrepair can cause falls and other injuries. Damaged floors, walls, or ceilings can expose underlying hazardous structural elements and materials such as electrical wiring, fiberglass, asbestos, or peeling paint that can be ingested. CFOC 3rd ed. Standard 5.3.1.6. pp.240-241; Standard 5.7.0.7. p.261

The provider has a duty to protect everyone in their home by complying with manufacturer safety guidelines. Manufacturer instructions contain important safety information that helps avoid injury and property damage. Not using a product according to manufacturer instructions can be used against the provider if an accident occurred and legal action was taken.

Violation Risk

Moderate

Requirement

- (2) When caring for children with special needs, the provider must make any necessary accommodations to meet their needs.

Rationale / Explanation

Providers may have to make structural changes or have specialized training to care for children with special needs.

Compliance Guideline(s)

Providers must get instructions from the parents as to what, if any, accommodations will be needed to properly care for their child(ren).

Violation Risk

High

Requirement

- (3) On the day of its occurrence, the provider must ensure parents are notified of any incident, accident, or an injury involving their child(ren).

Rationale / Explanation

Parents are to be informed of every incident involving their child. This is important to protect both the provider and the child. Without being informed, parents may not know to watch their child for possible signs of a serious condition. CFOC, 3rd Ed. p.382 Standard 9.4.1.9

Compliance Guideline(s)

The following are examples of incidents for which parents must be notified:

- any injury that requires medical treatment
- two children fighting such that one needs medical treatment
- any bites that break the skin, or one child being bitten frequently or biting frequently
- any abuse or inappropriate touching, even when the perpetrator is the child
- forgetting to pick up a child from school
- a child escaping or leaving the premises without a caregiver

This can be done verbally, in writing, by text, or by email.

Violation Risk

Moderate

40-6 Administration and Children's Records (continued)

Requirement

(4) Within 48 hours of the change, the provider must ensure parents and Child Care Licensing staff is notified of a change in the program's phone number or email address.

Rationale / Explanation

Parents and Child Care Licensing staff must be able to communicate with staff at the program.

Violation Risk

Moderate

Requirement

(5) The provider must ensure each child in care who is younger than school -age has current immunizations.

Rationale / Explanation

Routine immunizations at the appropriate age are the best means of protecting children against vaccine-preventable diseases. Immunization is particularly important for children in child care because preschool-aged children have the highest age-specific incidence or are at high risk of complications from many vaccine-preventable diseases. CFOC 4th ed. Standards 7.2.0.1, 7.2.0.2 p.p. 317-318. Utah law requires age-appropriate immunizations for children attending child care facilities.

Compliance Guideline(s)

Parents who choose not to immunize their children must have an exemption from their local Health Department and the provider must have a copy of that exemption available for review.

Violation Risk

Moderate

Requirement

(6) If the documentation is not maintained by another agency or organization, the provider must ensure there is documentation of current immunizations for each child younger than school-age (children who are homeless may have a 90 day exemption) available for review by Child Care Licensing staff.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic documentation available for review.

Violation Risk

Low

40-7 Personnel and Training

Requirement

- (1) The provider must:
- (a) be at least 21 years old and
 - (b) ensure compliance with all federal, state, and local laws and rules, including fire requirements, pertaining to the operation of the program and the facility that houses the program.

Rationale / Explanation

The provider is responsible for the successful operation of their child care business. Both administrative and child development skills are essential in managing a child care facility. A well-trained provider has been shown to have a measurable, positive effect on quality child care. *CFOC 3 ed. Standard 1.3.1.1. pp. 10-11*

There are many laws and regulations that apply to out-of-home care and education. For example, local laws may regulate the number of children that a provider can care for, and state laws may regulate food sanitation, child immunizations, and fire safety in child care facilities. Providers in states that accept federal Child Care and Development Funds must comply with federal child care laws related to background checks, training, and other basic health and safety requirements. For the successful operation of a child care program, the provider must make every effort to comply with these laws and regulations. *CFOC 3 ed. Introduction. p. xviii*

The work of child care professionals has a far-reaching impact on a child's health, safety, and development. Child care providers are important figures in the lives of children in their care and in the well-being of families and communities. The provider should understand the importance of serving as a healthy role model for children and staff. *CFOC 3 ed. Standard 1.4.2.1. p.22; CFOC 3 ed. Standard 1.6.0.1. p.34*

Compliance Guideline(s)

The provider may delegate responsibilities to staff but the ultimate responsibility for compliance with laws, rules, and requirements rests with the provider.

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities. For information about ADA requirements, go to <https://www.ada.gov/>

When a law or rule from one agency conflicts with the law or rule of another, the provider must follow the stricter of the two requirements.

This requirement will be considered out of compliance when:

- There is a violation of federal, state, or local law or another agency's regulation regarding child care.
- A child's well-being has been jeopardized or the provider's conduct is contrary to the health, morals, welfare, and safety of the public.

Examples of noncompliance include committing, aiding, abetting, or permitting the commission of any illegal act.

Violation Risk

The Violation Risk depends on the law or rule found out of compliance or the severity of the problem.

40-7 Personnel and Training (continued)

Requirement

- (2) The provider must ensure there is a qualified director who is responsible for the day-to-day operation of the facility/program. The provider must ensure the director is at least 21 years old and have one of the following:
- (a) an associates, bachelors, or graduate degree from an accredited college/university or successful completion of at least 12 semester credit hours of college/university level coursework in child development, early childhood education, elementary education, or a related field; or
 - (b) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition; or
 - (c) a currently valid Child Care Licensing-approved National Administrator Credential (NAC) plus at least 60 hours of approved Utah Early Childhood Career Ladder courses in child development or 60 hours of equivalent training as approved by the Department.

Rationale / Explanation

The director plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day-to-day practices with children. *CFOC 3 ed. Standard 1.3.1.1. p. 11*

College level coursework has been shown to have a measurable, positive effect on quality child care, whereas experience by itself has not. *CFOC 3 ed. Standard 1.3.1.1. p. 11*

Compliance Guideline(s)

If they meet the above requirements, the director can be the Program Director, the Site Coordinator, the Operations Manager, the Grant Administrator, or a Classroom Teacher.

A course is only completed when documentation of a certificate or transcript is provided.

Continuing Education Units (CEUs) are different from college credits. In order to count as college credit, a course must appear on an official transcript from an accredited college or university.

Violation Risk

Moderate

Requirement

- (3) The provider must ensure there is a director designee with the authority to act on behalf of the director. The provider must ensure the director designee is at least 21 years old.

Rationale / Explanation

There should always be a qualified individual on-site who assumes responsibility for the management of the program and the protection of children's health and safety. Lines of responsibility need to be clearly delineated, including the presence at all times of an individual who is designated to have responsibility for compliance with requirements. *CFOC 3rd ed. Standard 9.1.0.2. p.347*

Compliance Guideline(s)

If they are at least 21 years old, the director designee can be the Site Coordinator or a Classroom Teacher.

Violation Risk

Moderate

40-7 Personnel and Training (continued)

Requirement

(4) The provider must ensure the director or the director designee is at the facility whenever children are in attendance.

Rationale / Explanation

There must always be a qualified individual on-site who assumes responsibility for the management of the program and the protection of children's health and safety. *CFOC 3rd ed. Standard 9.1.0.2. p.347*

Violation Risk

Moderate

Requirement

(5) The provider must ensure all caregivers who count in caregiver to child ratios are at least 18 years old.

Rationale / Explanation

Many children attend child care programs every day. It is critical that they have the opportunity to grow and learn in a healthy and safe environment with caring and professional caregivers. The amount of education and child care experience impacts a caregiver's ability to respond appropriately to the needs of children. *CFOC 3rd ed. p.xvii; CFOC 3rd ed. Standard 1.3.2.2. p.12*

Compliance Guideline(s)

If they meet the above requirements, caregivers can be the Classroom Teachers.

Violation Risk

Moderate

Requirement

(6) The provider must ensure all assistant caregivers are at least 16 years old and work under the immediate supervision of caregivers.

Rationale / Explanation

Many children attend child care programs every day. It is critical that they have the opportunity to grow and learn in a healthy and safe environment with caring and professional caregivers. The amount of education and child care experience impacts a caregiver's ability to respond appropriately to the needs of children. *CFOC 3rd ed. p.xvii; CFOC 3rd ed. Standard 1.3.2.2. p.12*

Compliance Guideline(s)

If they meet the above requirements, caregivers can be the Classroom Teachers.

Violation Risk

Moderate

40-7 Personnel and Training (continued)

Requirement

(7) The provider must ensure all caregivers and assistant caregivers:

- (a) do not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care; and
- (b) take all reasonable measures to protect the safety of children in care.

Rationale / Explanation

Child care staff members are important figures in the lives of the young children in their care and in the well-being of families and the community. CFOC 4th ed. Standard 1.4.2.1 p.p. 23.

Compliance Guideline(s)

The provider may delegate responsibilities to staff but the ultimate responsibility for compliance with laws, rules, and requirements rests with the provider.

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities. For information about ADA requirements, go to <https://www.ada.gov/>

When a law or rule from one agency conflicts with the law or rule of another, the provider must follow the stricter of the two requirements.

This requirement will be considered out of compliance when:

- There is a violation of federal, state, or local law or another agency's regulation regarding child care.
- A child's well-being has been jeopardized or the provider's conduct is contrary to the health, morals, welfare, and safety of the public.

Examples of noncompliance include committing, aiding, abetting, or permitting the commission of any illegal act.

Violation Risk

The Violation Risk depends on the law or rule found out of compliance or the severity of the problem.

40-7 Personnel and Training (continued)

Requirement

- (8) The provider must ensure all directors, director designees, caregivers, and assistant caregivers complete at least 2.5 hours of preservice training no more than 6 months before their first day of interacting with the children in care. The provider must ensure the training includes at least the following topics:
- (a) disaster preparedness, response, and recovery;
 - (b) pediatric first aid and CPR;
 - (c) children with special needs;
 - (d) safe handling and disposal of hazardous materials;
 - (e) the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - (f) principles of child growth and development, including brain development;
 - (g) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - (h) prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - (i) recognizing the signs of homelessness and available assistance;
 - (j) review of the program's Emergency Preparedness, Response, and Recovery Plan; and
 - (k) review of the LE DWS Approval Requirements.

Rationale / Explanation

Preservice training ensures that all new staff members receive basic training for the work they will be doing and are informed about their duties and responsibilities. To ensure the health and safety of children in care, it is essential that new caregivers and volunteers never have unsupervised contact with children until they have completed the required preservice training. *CFOC 3rd ed. Standard 1.4.2.1. pp.21-22*

Violation Risk

Moderate

Requirement

- (9) The provider must ensure the preservice training is documented and the documentation available for review by Child Care Licensing staff. The provider must ensure the documentation includes at least the following:
- (a) the name of the director, director designee, caregiver or assistant caregiver;
 - (b) the training topic;
 - (c) the first date the person interacted with children in care;
 - (d) the date of the training;
 - (e) the length of the training; and
 - (f) the source of the training.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic records documentation for review.

Violation Risk

Low

40-7 Personnel and Training (continued)

Requirement

(10) The provider must ensure directors, director designees and caregivers who count in caregiver to child ratios complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- (a) disaster preparedness, response, and recovery;
- (b) pediatric first aid and CPR;
- (c) children with special needs;
- (d) safe handling and disposal of hazardous materials;
- (e) the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- (f) principles of child growth and development, including brain development;
- (g) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- (h) prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- (i) recognizing the signs of homelessness and available assistance;
- (j) review of the program's Emergency Preparedness, Response, and Recovery Plan; and
- (k) review of the LE DWS Approval Requirements.

Rationale / Explanation

The benefits of having well-trained individuals working with children include: 1) caregivers are better able to prevent, recognize, and correct health and safety problems; 2) staff training in child development is related to more positive outcomes for children; and 3) caregivers are more likely to avoid abusive interactions with children. *CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6. pp.13-16; Standards 1.4.2.1-1.4.2.3. pp.21-24; Standards 1.4.4.1-1.4.4.2. pp.26-29*

Compliance Guideline(s)

Caregivers who work 10 or more hours, as averaged over 3 months, are required to complete on-going training.

Examples of approved training include:

- all classes offered by Care About Childcare (Refer to <https://careaboutchildcare.utah.gov/>)
- webinars dealing with child care
- training conducted at in-house staff meetings, but only the training portion
- any high school or college class in child development or related subject (Hours of attendance count as clock time if the student attends in person as opposed to working online or independent study. One semester credit equals 15 clock hours and one quarter credit equals 10 clock hours.)
- watching recordings of webinars on topics relating to child care
- reading books and watching videos related to child care
- doing homework for a high school or college child development class

The following trainings and classes do not count towards training hours:

- self-help classes such as anger or stress management
- time spent doing yoga or meditating
- technical assistance from CCL staff
- ESL and other language classes
- craft classes, such as origami, scrapbooking, sewing
- attendance at a child's classes or lessons, such as music or dance lessons
- watching reality TV and talk shows
- preparing (making copies, cutting, etc.) and presenting curriculum to children
- volunteering in a classroom
- obtaining and submitting fingerprints to CCL
- DWS policy-related webinars

Violation Risk

Moderate

40-7 Personnel and Training (continued)

Requirement

- (11) The provider must ensure the ongoing training is documented and the documentation is available for review by the Child Care Licensing staff. The provider must ensure the documentation includes at least the following:
- (a) the name of the director, director designee, or caregiver;
 - (b) the training topic;
 - (c) the first date the person counted in ratios;
 - (d) the date of the training;
 - (e) the length of the training; and
 - (f) the source of the training.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic records documentation for review.

Violation Risk

Low

40-8 Background Checks

Requirement

- (1) The provider must ensure all Covered Individuals pass CCL background checks before being with children in care.
 - (a) The provider must ensure background check forms and background check fees are submitted for all new Covered Individuals.
 - (b) The provider must ensure fingerprints and fingerprint processing fees for the FBI Next Generation Identification check are submitted for all new Covered Individuals 18 years old and older and all 16 and 17 year old assistant caregivers.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a rule about background checks may discourage a potentially abusive individual from seeking employment in child care.

Performing background checks may also protect the child care facility against future legal challenges. *CFOC, 3rd ed.*

Standard 1.2.0.2 p.10; Standards 10.3.3.1 - 10.3.3.2 pp.400-401

Compliance Guideline(s)

Providers must ensure that Covered Individuals complete background check forms and submit them to the provider's CCL portal, background check forms are authorized, and required fingerprints and fees are submitted.

Providers whose background check has a "Temporary Cleared" must be with a Covered Individual who passed the background check.

Violation Risk

High

Requirement

- (2) The provider must ensure Covered Individuals with CCL background checks are associated with their facility before the Covered Individual is with children in care.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a rule about background checks may discourage a potentially abusive individual from seeking employment in child care.

Performing background checks may also protect the child care facility against future legal challenges. *CFOC, 3rd ed.*

Standard 1.2.0.2 p.10; Standards 10.3.3.1 - 10.3.3.2 pp.400-401

Compliance Guideline(s)

Providers must ensure that Covered Individuals who passed the CCL background check and are associated with another facility are associated with their facility before being with children in care.

Violation Risk

Low

Requirement

- (3) The provider must ensure guests are always in the same room/area with an individual who passed a CCL background check and wear guest name tags.

Rationale / Explanation

This requirement explains guests and background checks.

Compliance Guideline(s)

When the program is a preschool program housed in a public school and substitute teachers are taken from the school district's pool of substitutes, the substitute teacher can count in ratios and be considered a guest.

Violation Risk

Moderate

40-8 Background Checks (continued)

Requirement

- (4) A student intern can count in caregiver to child ratios when:
- (a) they are registered in a high school or college child care course, and
 - (b) they are always in the same room/area as an individual who passed a CCL background check.

Rationale / Explanation

This requirement explains student interns and background checks.

Requirement

- (5) Owners and members of governing boards who live out of state and are never at the facility are not required to have CCL background checks.

Rationale / Explanation

This requirement explains when owners and members of governing boards are not required to have CCL background checks

Requirement

- (6) The provider must ensure individuals who failed to pass a CCL background check are not at the facility or part of the program.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a rule about background checks may discourage a potentially abusive individual from seeking employment in child care.

Performing background checks may also protect the child care facility against future legal challenges. *CFOC, 3rd ed. Standard 1.2.0.2 p.10; Standards 10.3.3.1 - 10.3.3.2 pp.400-401*

Violation Risk

High

40-9 Facility

General Information

The physical structure where children spend each day can present health and safety concerns if it is not kept clean and maintained in good repair and in a safe condition.

Children benefit from being outside and it is important for them to have a safe play area in good repair. Having a well-designed, age-appropriate play area may lessen injuries. Although not required, a monthly safety check of the outdoor play area and equipment is highly recommended.

Requirement

(1) The provider must ensure there is a working telephone at the facility at all times children are in care.

Rationale / Explanation

Wherever children are in care, there should always be a telephone available for communication between caregivers and parents, and for emergency use. *CFOC 3 ed. Standard 5.3.1.12. p. 243*

Compliance Guideline(s)

Cell phones must be with caregivers at all times, including during transport and on off-site activities.

Violation Risk

Moderate

Requirement

(2) The provider must ensure there is a working fire extinguisher accessible to caregivers.

Rationale / Explanation

Caregivers should be able to put out small fires in the facility before they cause serious damage.

Compliance Guideline(s)

Any size fire extinguisher is acceptable. Gauges on fire extinguishers must be in the green zone.

Providers are considered in compliance with this requirement when there is a fire extinguisher in the facility and caregivers know its location.

Violation Risk

Moderate

40-9 Facility (continued)

Requirement

- (3) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure the area is safely accessible.

Rationale / Explanation

A safely accessible outdoor area is important to prevent injury to children or to keep a child from escaping on the way to the area. An outdoor area is considered safely accessible if the way to reach it is free of potential hazards. Children should not be able to access streets, parking lots, ditches, etc. when going outside to play. *CFOC 3rd ed. Standard 6.1.0.1. p.265*

Compliance Guideline(s)

The route from the building to the outdoor area must be safe. For example, an outdoor area is not safely accessible if children must walk across an unsafe deck (such as one with broken boards or holes in it) or cross a driveway where cars or other motor vehicles come and go.

The following are examples of outdoor areas that are safely accessible:

- the area that is directly adjacent to the building and children exit the facility straight into the area
- the area is on the premises and is accessed by a fenced walkway
- the area and the building are surrounded by fencing
- the area is on the premises and can be accessed by a sidewalk that is not near a busy street, is not near a water or other hazard, and/or does not pass through a parking lot
- the area is on the premises and is accessed by blocking off a portion of a parking lot with traffic cones to create a walkway.

Violation Risk

High

Requirement

- (4) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure drinking water is available to children in care.

Rationale / Explanation

To prevent dehydration, clean, sanitary drinking water should be readily available in indoor and outdoor areas throughout the day. Children need additional water as physical activity and/or hot temperatures cause their needs to increase. Water needs vary among young children and increase during times in which dehydration is a risk (e.g., hot summer days, during exercise, and in dry days in winter). *CFOC 3 ed. Standard 4.2.0.6. p. 157*

Compliance Guideline(s)

When the outdoor source of drinking water is an outside drinking fountain, the fountain must be in working order.

Drinking water may come from a hose as long as the hose is attached to a source of culinary water (the same water that is used inside), and not a secondary water source (such as water used to irrigate or water gardens and lawns).

Violation Risk

High

40-9 Facility (continued)

Requirement

- (5) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure the following are inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care:
- (a) metal animal swings.

Rationale / Explanation

Metal animal swings are prohibited because their heavy, rigid metal framework presents a risk of impact injury. CPSC Standard 2.3.1. p.8

Violation Risk

High

Requirement

- (5) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure the following are inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care:
- (b) unanchored swings and
 - (c) unanchored slides.

Rationale / Explanation

All pieces of stationary play equipment should be installed as directed by the manufacturer's instructions, and meet ASTM and CPSC standards. The equipment should be able to withstand maximum active use that might cause it to overturn, tip, slide, or move in any way. If active play equipment is installed indoors, the same requirements for installation and use apply as in the outdoor setting. CFOC 3rd ed. Standard 6.2.1.4. p.270

Compliance Guideline(s)

To see if something is not anchored, shake the piece of equipment. When a post or side of the equipment comes off or out of the ground, the equipment is not anchored.

Violation Risk

High

Requirement

- (6) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure standing water is inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care.

Rationale / Explanation

Drowning can happen in unlikely places, even when no swimming pool or natural body of water is nearby. According to statistics from the Centers for Disease Control, drowning occurs in various sources of standing water, such as bathtubs, water play tables, dog bowls, toilet bowls, simple buckets for cleaning, and coolers. Small children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding ground for mosquitoes, which can spread disease. CFOC 3rd ed. Standard 2.2.0.4. pp.68-69. Standard 5.2.8.2. p.228

Compliance Guideline(s)

Standing water is water that is at least 5 inches by 5 inches in diameter and at least two inches deep.

Standing water is commonly found in buckets, wading pools, fountains, birdbaths, wading pools, garbage cans or other similar containers, and wheelbarrows.

Standing water does not include water being used as part of a supervised project, water in a water table, and puddles caused by rain or sprinklers.

Violation Risk

High

40-9 Facility (continued)

Requirement

(7) If there is an outdoor area that is used by children in care and that is maintained by the provider and there are children younger than school age in care, the provider must ensure:

- (a) The area is enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.

Rationale / Explanation

Enclosing the outdoor area helps to ensure proper supervision and protection, prevention of injuries, and control of the outdoor area. A fence or other barrier prevents children from leaving the outdoor area and accessing streets and other hazards. It also serves to keep unwanted people and animals out of the outdoor area. *CFOC 3rd ed. Standard 6.1.0.8. p.268*

Compliance Guideline(s)

The entire perimeter of the fence must be at least 4 feet (48 inches) high.

The fence must be measured on each side at its lowest point, from the side the children play on, and include measuring the gate.

When a fence or wall was previously approved by CCL, there is compliance when:

- The barrier has not been replaced, repaired, or altered.
- All areas of the barrier measure within 5 inches of the required 4-foot height. This 5-inch allowance only applies to a previously-approved barrier that has not changed since the approval; it does not apply to barriers formed by bushes or shrubs, etc. When the fence or wall was replaced, repaired, adjusted, or it has changed since the last CCL inspection, it must be 4 feet high.

It is not a violation when a fence is lower than 48 inches in height due to temporary weather conditions, such as snow on the ground at the base of the fence.

Bushes will be considered a natural barrier when there are no gaps 5 by 5 inches or greater.

When a ramp (leading to the outdoor area) is separated from the area with a 4-foot-high gate that is closed, the height of a fence on the ramp does not need to be assessed. If there is no gate, the gate is open, or is less than 4 feet high, then the fence on the perimeter of the ramp (that encloses the ramp and outdoor area) must be at least 4 feet high. The interior fencing on the ramp does not need to be assessed.

Interior fences within the 4-foot perimeter fence do not need to be 48 inches high.

Violation Risk

High

Requirement

(7) If there is an outdoor area that is used by children in care and that is maintained by the provider and there are children younger than school age in care, the provider must ensure:

- (b) Fences do not have gaps greater than 5 by 5 inches and gaps between the bottom of the fence and the ground cannot be more than 5 inches.

Rationale / Explanation

An effective fence prevents a child from getting over, under, or through it, and keeps children from leaving the outdoor play area without adult supervision. Although not required by rule, small openings in the fence (no larger than three and a half inches) prevent entrapment and discourage climbing. *CFOC 3rd ed. Standard 6.1.0.8. p.268*

Compliance Guideline(s)

The entire perimeter of all required fences and barriers must be checked for gaps, including fences enclosing the outdoor area and any interior fences required to separate children from hazards even if previously approved.

Violation Risk

High

40-10 Ratios and Group Size

Requirement

(1) The provider must ensure the following minimum caregiver to child ratios and maximum group size are maintained.

Single Age Groups			
Minimum Number of Caregivers	Children's Age	Number of Children	Maximum Group Size
1	infant	4	8
1	toddler	4	8
1	2 years old	7	14
1	3 years old	12	24
1	4 years old	15	30
1	school age	20	40

Older Toddlers and 2 Year Olds			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	older toddler 2 years old	1-3 1-6	7
2	older toddler 2 years old	1-16 1-13	14

2 Year Olds and 3 Year Olds			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	2 years old 3 years old	1-6 1-9	10
2	2 years old 3 years old	1-13 1-19	20

2 Year Olds and 4 Year Olds			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	2 years old 4 years old	1-6 1-10	11
2	2 years old 4 years old	1-13 1-21	22

2 Year Olds and School Age			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	2 years old school age	1-6 1-13	14
2	2 years old school age	1-13 1-27	28

Ratios and Group Size (continued)

3 Year Olds and 4 Year Olds			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	3 years old 4 years old	1-11 1-13	14
2	3 years old 4 years old	1-23 1-27	28

3 Year Olds and School Age			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	3 years old school age	1-11 1-15	16
2	3 years old school age	1-23 1-31	32

4 Year Olds and School Age			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	4 years old school-age	1-14 1-17	18
2	4 years old school age	1-29 1-35	36

2 Year Olds, 3 Year Olds, and 4 Year Olds			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	2 years old 3 years old 4 years old	1-6 1-9 1-9	11
2	2 years old 3 years old 4 years old	1-13 1-20 1-20	22
2 Year Olds, 3 Year Olds, and School Age			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	2 years old 3 years old school age	1-6 1-11 1-11	13
2	2 years old 3 years old school age	1-13 1-24 1-24	26

Ratios and Group Size (continued)

2 Year Olds, 4 Year Olds, and School Age			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	2 years old 4 years old school age	1-6 1-12 1-12	14
2	2 years old 4 years old school age	1-13 1-26 1-26	28

3 Year Olds, 4 Year Olds, and School Age			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	3 years old 4 years old school age	1-11 1-14 1-14	16
2	3 years old 4 years old school age	1-23 1-30 1-30	32

2 Years Old, 3 Year Olds, 4 Year Olds, and School Age			
Minimum Number of Caregivers	Children's Ages	Number of Children	Maximum Group Size
1	2 years old 3 years old 4 years old school age	1-6 1-11 1-11 1-11	14
2	2 years old 3 years old 4 years old school age	1-13 1-25 1-25 1-25	28

40-10 Ratios and Group Size (continued)

Rationale / Explanation

There are many reasons for regulating the caregiver-to-child ratio and group size. These rules ensure that there are enough caregivers to actively supervise children, ensure children's safety, and meet their needs. Direct, warm social interaction between adults and children is more common and more likely with lower child-to-staff ratios. Maintaining a smaller group size allows older children to have needed adult support and guidance while encouraging independent, self-initiated play and other activities. *CFOC 3 ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.*

It is also important to maintain appropriate caregiver-to-child ratios because caring for too many children increases the possibility of stress for caregivers, and may result in their loss of self-control. *CFOC 3 ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.*

The American Academy of Pediatrics and the American Public Health Association recommend that there always be one caregiver for every two infants and toddlers who are cared for. It is also recommended that even if all children are older than two years, the maximum number of children being cared for by one caregiver should not exceed six children. *CFOC 3 ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.*

Compliance Guideline(s)

A group with more than one caregiver may be temporarily out of ratio for brief periods of time if one caregiver leaves the room but remains in the facility in order to meet the immediate needs of the children in his or her group, such as helping a child who is hurt, getting food for children, taking a sick child to the office, getting medication for a child, etc.

Children may temporarily be in groups that exceed maximum group sizes for outdoor play, meal times, or when there is a special activity.

When a staff member is not being used to meet the required ratios and is caring for his/her own child, the staff member's child does not count in ratios, capacity or group size. The parent is the only person responsible for the care of his/her child. For circumstances beyond the provider's control, ratios (not supervision) may be temporarily exceeded for up to 45 minutes from the time the provider is aware of the circumstance. Examples of circumstances beyond provider's control include staff members not arriving at their scheduled time and children arriving earlier or departing later than their normal time without notifying the facility staff.

Violation Risk

High

Requirement

(2) Infants and toddlers can be in mixed age groups only when there are less than 9 children in the group. When there are more than 2 infants and/or toddlers in a mixed age group, there must be at least 2 caregivers with the group.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed child places the infants and toddlers at increased risk for unintentional injuries, such as being bumped, knocked down, stepped on, or otherwise hurt by the older children. *CFOC 3rd ed. Standard 2.1.2.4 p.59* Separation of infants from older children is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted. *CFOC 3rd ed. Standard 2.1.2.4 p.59*

Groups with infants or toddlers present are also limited, so that in the event of an emergency, there will be enough adults present to safely evacuate the children, including infants and toddlers who would need to be carried. *CFOC 3rd ed. Standard 1.1.1.2. pp.4-6*

Violation Risk

High

40-10 Ratios and Group Size (continued)

Requirement

- (3) During nap times (which cannot exceed 2 hours), the minimum caregiver to child ratios may double for children 18 months old and older if the children are in a restful or non-active state and the caregiver can communicate with another onsite caregiver without leaving the napping children.

Rationale / Explanation

Napping children require less supervision than awake children. However, there must always be an adequate number of caregivers available nearby in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. Napping children should never be left unattended. CFOC 3rd ed. Standard 1.1.1.2. pp.4-6. Standard 2.2.0.1. pp.64-66

Compliance Guideline(s)

This requirement applies only to nap times. A rest time planned for quiet activities, such as reading, watching TV or movies, coloring, using play dough, or doing homework, is not considered a nap time and ratios may not be doubled during these activities.

As children begin to wake up from naps, if less than half the group is awake and engaged in a quiet activity, such as looking at books, putting together puzzles, drawing, coloring, or using play dough, there can still be half of the required number of caregivers. However, once half or more of the children are awake and off their nap mats or cots, there must be the minimum required number of caregivers with the children.

Violation Risk

High

Requirement

- (4) Employees' children 4 years old and older do not count in caregiver to child ratios but do count in maximum group sizes.

Rationale / Explanation

This requirement is used to determine if the provider is in compliance with the requirement for caregiver to child ratios and maximum group sizes.

Compliance Guideline(s)

A child's parent is considered to be working at the facility when he/she is on the clock but left the facility to perform a work-related duty (for example, a bus run or buying supplies) or if he/she is on a lunch or work break.

40-11 Child Supervision and Security

Requirement

- (1) The provider must ensure caregivers maintain active supervision of all children in care at all times. Active supervision means caregivers must be physically in the room/area with children younger than school age and must be able to hear school age children and be near enough to intervene; must know the number of children in their care at all times; must be focused on the children and not their personal interests; and must be aware of the entire group even when interacting with a small group or individual child.

Rationale / Explanation

Supervision of children is essential in the prevention of harm. Parents have an expectation that their children will be supervised when in the care. To be available for supervision, as well as rescue in an emergency, caregivers must be aware of each child at all times. *CFOC 3 ed. Standard 2.2.0.1. pp. 64-66*

Children like to test their skills and abilities. This is particularly noticeable around playground equipment. Serious injuries can happen if children are left unsupervised. *CFOC 3 ed. Standard 2.2.0.1. p. 65*

To confirm the safe whereabouts of every child at all times, there should be a system in place where caregivers regularly account for each child. For example, caregivers should count children (name to face) at every transition, whenever leaving one area and arriving at another, and when going indoors or outdoors. *CFOC 3 ed. Standard 2.2.0.1. pp. 64-66*

Young children and those with special needs require the constant and close presence, guidance, and protection of caregivers. Children who are engaged in a quiet activity, including those who are napping or resting, still require active supervision.

Compliance Guideline(s)

Actively supervising children requires that the caregiver:

- knows where each child is at all times.
- visually checks (in person) on all awake and sleeping children who are not within the caregiver's sight at least every 15 minutes. (The use of video and audio monitoring or mirrors does not replace personally checking on children.)
- is within hearing distance when school-age children are playing outdoors.
- maintains awareness of the entire group of children even when interacting with small groups or individual children.
- is primarily focused on the children even when performing a personal task (such as visiting with another adult, talking on the phone, text messaging, reading, lesson planning, taking a bathroom break, or performing other tasks unrelated to child care). It is a violation, if a personal task, such as texting or talking on a cell phone, interferes with a caregiver's active supervision of the children.

When supervising the children, the caregiver may not engage in the following types of activities:

- napping, including when the children are napping
- taking a shower or bath
- leaving the facility to pick up the mail or for other reasons unrelated to child care
- performing the tasks of a secondary business (a tax business, a beauty salon, a shop, etc.)

When the children are indoors, the caregiver may briefly (5 minutes or less) go outside to perform a legitimate child care task. Legitimate child care tasks include:

- taking trash to the outdoors garbage bin
- conducting a quick observation to prevent hazards before children use the outdoor play area
- emptying or filling up a wading pool after or before use
- situating non-stationary play equipment before children use it

Violation Risk

High

40-11 Child Supervision and Security (continued)

Requirement

(2) Children 3 years old and older may go to the bathroom by themselves if there is a policy to ensure their safety.

Rationale / Explanation

This is a permission requirement.

Requirement

(3) To maintain the security and supervision of the children in care, the provider must ensure children are signed in and out of the facility/program with the time of arrival and the time of departure. The provider must ensure these records are kept for at least three years.

Rationale / Explanation

Caregivers should have a sign-in and out system to track who enters and exits the facility. This helps maintain a secure environment for children and staff, helps caregivers know which children are in care, and helps ensure that all individuals in the building are evacuated in case of an emergency. *CFOC 3rd ed. Standard 9.2.4.7. p.371*

Violation Risk

High

40-12 Child Guidance and Interaction

Requirement

(1) The provider must ensure children in care are not subjected to physical, emotional, or sexual abuse while in care.

Rationale / Explanation

Child care facilities should have policies and procedures to identify and prevent physical, emotional, and sexual abuse from occurring while a child is in care. Caregivers and all others who are in direct contact with children should receive training on preventing abuse. *CFOC 3 ed. Standard 3.4.4.3. p. 125*

Physical and emotional abuse may occur when the caregiver is under high stress. Too much stress can affect the quality of the care that the adult is able to give. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they cannot continue to provide safe care. *CFOC 3 ed. Standard 1.7.0.5. p. 42*

The facility's physical layout should be arranged so that there is a high level of visibility in the inside and outside areas. The presence of multiple caregivers also reduces the risk of abuse to children. Abuse tends to occur in privacy and isolation, often in toileting areas. *CFOC 3 ed. Standard 3.4.4.5. pp. 125-126*

Compliance Guideline(s)

CCL will investigate all allegations of child abuse and neglect and report suspected abuse or neglect as required by law. A substantiated allegation of abuse or neglect will be on the provider's public record.

Violation Risk

High

Requirement

(2) The provider must ensure all employees and volunteers follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

Rationale / Explanation

The reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services by the person who witnesses or suspects the abuse. *CFOC 3rd ed. Standard 3.4.4.1. pp.123-124*

For more information about preventing abuse and neglect, refer to:

- <https://pcautah.org/> (Prevent Child Abuse Utah)
- <https://preventchildabuse.org/> (Prevent Child Abuse America)

Compliance Guideline(s)

A person only needs to have reason to believe abuse has occurred. If witnessed or suspected, it should be directly reported to the Division of Child and Family Services (DCFS) hotline at 1-855-323-3237 or law enforcement.

Violation Risk

High

40-12 Child Guidance and Interaction (continued)

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (a) any form of corporal punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching.

Rationale / Explanation

Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Physical abuse is prohibited by law, including when disciplining children. Research has found that corporal punishment has limited effectiveness and potentially harmful side effects. There is a link between corporal punishment, such as spanking and hitting, with negative effects such as later aggression, antisocial behavior, and learning impairments. *CFOC 3rd ed. Standard 2.2.0.9. pp.75-76*

Compliance Guideline(s)

Noncompliance to this requirement includes jerking, pulling, lifting or swinging a child by the arm(s) which can cause a partial dislocation of the elbow, also referred to as nursemaid's elbow.

Corporal punishment also includes squirting a child with water or putting hot sauce or soap in a child's mouth.

Violation Risk

High

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (b) restraining movement by binding, tying, or other form of restraint.

Rationale / Explanation

A child could be harmed if not restrained properly. No bonds, ties, blankets, straps, car seats, or heavy weights (such as adult sitting on a child) should be used. *CFOC 3rd ed. Standard 2.2.0.10. p.76*

Compliance Guideline(s)

Placing a child in a harness or leash is considered restraining a child's movements.

Swaddling a child will not be considered restraining a child's movement.

Covering a child's hand with a sock, as long as movement of the child's arm and hand is not restricted, is not considered restraining a child's movement.

Violation Risk

High

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (c) shouting at children.

Rationale / Explanation

The child care program should strongly encourage all staff members to model healthy and safe behaviors and attitudes in their interactions with children. Modeling is an effective way of confirming that a behavior is one to be imitated. Brief verbal expressions of disapproval help children use reasoning. Shouting at children or others is not an effective communication tool and can be emotionally abusive. *CFOC 3rd ed. Standard 2.2.0.9. p.75; Standard 2.4.1.2. p.82*

Compliance Guideline(s)

The caregiver can shout to a child in an emergency situation where there is a danger of imminent serious physical harm, such as to prevent a child from running into the street.

Violation Risk

High

40-12 Child Guidance and Interaction (continued)

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (d) any form of emotional abuse (behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, or profane language).

Rationale / Explanation

Emotional abuse includes threatening, intimidating, humiliating, demeaning, criticizing, rejecting, using profane language, and/or using inappropriate physical restraint and is prohibited in child care programs. These actions are considered psychologically and emotionally harmful. *CFOC 3rd ed. Standard 2.2.0.9. pp.75-76*

While speaking to children relays information and facts, the social and emotional communication and the atmosphere of the exchange are equally important. Profanity should not be used at any time in a child care setting. *CFOC 3rd ed. Standard 2.1.1.9. p.56*

Compliance Guideline(s)

A caregiver's use of profanity in the presence of children is considered emotional abuse.

Using humiliation, such as putting an older child in a highchair or crib to make the child look like a "baby", is considered emotional abuse.

Isolating children who are in emotional distress behind a gate or door away from the caregiver and the rest of the children is considered emotional abuse.

Violation Risk

High

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (e) forcing or withholding food, rest, or toileting.

Rationale / Explanation

When adults use food to modify behavior, children can come to view eating as a tug-of-war and are more likely to develop lasting food dislikes and unhealthy eating behaviors. The forcing or withholding of rest and toileting is also harmful and is prohibited. *CFOC 3rd ed. Standard 4.5.0.11. p.182*

Compliance Guideline(s)

Not offering dessert to children who do not finish their food is not considered withholding food.

Violation Risk

High

40-12 Child Guidance and Interaction (continued)

Requirement

(3) The provider must ensure all employee and volunteer interactions with children in care do not include:

- (f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Rationale / Explanation

No child of any age should be confined in an enclosure or a locked room. This includes placing a child in an enclosure or isolation for time-out. Confining a child in this way is an unsafe practice and emotionally harmful to the child.

It is best practice to use time-out infrequently and only for children who are at least two years old. The American Academy of Pediatrics and the American Public Health Association recommend these guidelines when using time-out:

- Time-outs should only be used for behaviors that are persistent and unacceptable.
- The caregiver should explain to the child how time-out works BEFORE it is used.
- When placing the child in time-out, the caregiver should stay calm.
- While the child is in time-out, the caregiver should not interact with the child, but should always keep the child in sight.
- Time-outs do not need to be long. The caregiver could use one minute of time-out for each year of the child's age.
- The caregiver should end the time-out on a positive note and allow the child to feel good again. *CFOC 3rd ed.*

Standard 2.2.0.6. p.71

Compliance Guideline(s)

A child may not be put in an enclosure for time out purposes. This is considered confining a child.

Violation Risk

High

40-13 Child Safety and Injury Prevention

Requirement

- (1) The provider must ensure firearms are stored separately from ammunition and in a cabinet or area that is locked with a key, combination, or fingerprint lock, unless the use is in accordance with the Utah Concealed Weapons Act, or as otherwise allowed by law.

Rationale / Explanation

Approximately 20,000 children are taken to emergency departments for firearm-related injuries every year and the majority of these injuries are accidental. Younger children are more likely to be unintentionally injured, and the majority of these accidental shootings occur in the home. It is critical that firearms be properly locked. *“Pediatric Firearm-Related Injuries in the United States” (Parikh K, et al. Hosp Pediatr. May 23, 2017)*

Compliance Guideline(s)

Firearms must be stored unloaded. When the area is locked, ammunition may be stored in the same area as the firearm. When a gun that cannot be fired is used as decoration and is not in a locked cabinet, safe, or area, the provider needs documentation from a gunsmith that the gun cannot be fired.

A trigger lock or a lock that is controlled by swiping an app, is not a substitute for a key, combination, or fingerprint lock.

Violation Risk(s)

Moderate when a firearm with a trigger lock is accessible

High otherwise

Requirement

- (2) The provider must ensure toxic or hazardous substances are inaccessible to children in care.

Rationale / Explanation

There are more than 2 million poison exposures reported to poison control centers every year. Young children account for over half of those potential poisonings. The substances most commonly involved in poison exposures of children are cosmetics and personal care products, cleaning substances, and medications. Chemical products must be inaccessible to children. *CFOC 3rd ed. Standard 5.2.9.1. pp.228-229*

Children must be protected from exposure to toxic products including insecticides and pesticides. To prevent contamination and poisoning, providers must be sure that chemicals are used and applied by individuals who fully understand how to avoid risk to children. These substances should be used only in a manner that will not contaminate play surfaces, food, or food preparation areas. *CFOC 3rd ed. Standard 5.2.8.1 pp.226-227*

Rubbing alcohol looks like water. Only small amounts are poisonous to children. It is also poisonous to adults, who sometimes substitute rubbing alcohol for drinking alcohol. Rubbing alcohol can also be toxic when inhaled. It should be used in a well-ventilated area. In addition, because it is flammable, it should always be kept away from open flame. (taken from www.poison.org)

Compliance Guideline(s)

Toiletries (products used to clean and/or groom one's body, including hair dye) will not be considered chemicals or cleaners. This includes hand sanitizers, even those containing alcohol.

Aerosol cans that contain flammable substances must be inaccessible.

Nail polish remover, and contact lens cleaner solutions will be considered chemicals and have to be made inaccessible to children.

Dish soap and laundry detergent are cleaners and must be inaccessible to children.

Gasoline and other similar products enclosed in a vehicle or equipment, such as a lawn mower, are not considered accessible.

Paint or another substance in a sealed can is considered inaccessible if the lid is securely attached and can only be opened with a tool.

A cleaner that is attached to the inside of a toilet bowl is not considered accessible.

Violation Risk

Moderate

40-13 Child Safety and Injury Prevention (continued)

Requirement

(3) The provider must ensure tobacco, e-cigarettes, and e-juice are inaccessible to children in care.

Rationale / Explanation

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. *CFOC, 3rd Ed. pp.118-119 Standard 3.4.1.1, p.363 Standard 9.2.3.15*

This requirement is in accordance with the Utah Indoor Clean Air Act, R392-510.

Compliance Guideline(s)

Tobacco and similar products such as the following must be inaccessible and not used on the premises, in vehicles, or in the presence of any child in care:

- ashtrays with cigarettes and cigarette butts
- chewing tobacco
- cigars
- cigarettes and cigarette butts
- pipes
- vaporizers (not to be mistaken for a humidifier or steam vaporizer)

Violation Risk

High

Requirement

(4) The provider must ensure open flames are inaccessible to children in care.

Rationale / Explanation

Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle, flare, or lantern. *CFOC 3 ed. Standard 5.5.0.6. p. 257*

Compliance Guideline(s)

Candles on a birthday cake or cupcake may be used as long as an adult is in constant arm's reach of the lit candles until the candles are blown out.

A fireplace pilot light will not be considered a violation.

Violation Risk

High

Requirement

(5) The provider must ensure trampolines are inaccessible to children in care.

Rationale / Explanation

Trampolines pose serious safety hazards. CPSC estimates that each year there are almost 100,000 hospital emergency room visits for trampoline-related injuries. Both the American Academy of Pediatrics and the American Academy of Orthopedic Surgeons recommend the prohibition of trampolines in a child care program. CPSC also supports this position. *CFOC 3rd ed. Standard 6.2.4.4. p.276*

AAP-recommended safety precautions apply to any trampoline on the premises, including mini, exercise, and in-the-ground trampolines. The hazards that may result in injuries and deaths are from:

- falling or jumping off the trampoline
- falling on the trampoline springs or frame
- colliding with another person on the trampoline
- landing improperly while jumping or doing stunts on the trampoline

Trampolines can be used as part of a child's IEP if the child is directly supervised while using it and the trampoline is not accessible to other children.

Violation Risk

High

40-13 Child Safety and Injury Prevention (continued)

Requirement

(6) The provider must ensure open containers of alcohol are inaccessible to children in care.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol an absolute requirement in child care programs. *CFOC, 3rd Ed. pp.118-119 Standard 3.4.1.1, pg.363 Standard 9.2.3.15*

Compliance Guideline(s)

Alcohol that has been opened but is corked/capped is considered inaccessible.

Open bottles of alcohol and alcohol that is being served or consumed is prohibited when a child is in care.

Violation Risk

High

Requirement

(7) The provider must ensure sexually explicit materials are inaccessible to children in care.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of sexually explicit materials an absolute requirement in child care programs. *CFOC, 3rd Ed. pp.118-119 Standard 3.4.1.1, p.363 Standard 9.2.3.15*

Violation Risk

High

Requirement

(8) The provider must ensure illegal items are inaccessible to children in care.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of illegal items an absolute requirement in child care programs. *CFOC, 3rd Ed. pp.118-119 Standard 3.4.1.1, p.363 Standard 9.2.3.15*

Violation Risk

High

Requirement

(9) The provider must ensure children in care are protected from unintended access to vehicular traffic.

Rationale / Explanation

Providers must take precautions to help prevent children from being hit by moving vehicles. Children can quickly dart into roads and/or across parking lots and drivers may not be able to stop their vehicle in time to avoid hitting them.

Compliance Guideline(s)

When possible, the outdoor area for the children should be fenced. Outdoor areas without fences should not face the street.

When walking on a sidewalk, on the side of a street, and/or through a parking lot, the provider should be able to see all children and hold the hands of younger children.

When having children cross streets, providers should use crosswalks and obey traffic light signals.

When parked on a street, providers should have children exit and enter vehicles using the doors that don't open into the street.

Violation Risk

High

40-14 Emergency Preparedness and Response

Requirement

- (1) The provider must ensure the facility's street address and emergency numbers, including ambulance, fire, police, and poison control, are posted near each telephone in the facility and/or in the contact list of cell phones.

Rationale / Explanation

It is easy for people to panic in an emergency situation. Caregivers must have easy and immediate access to telephone numbers that they may need to use in an emergency. It is also important that caregivers or others present in the facility can give the program's street address to emergency personnel, such as the police or the fire department. *CFOC 3rd ed.*

Standard 9.4.1.6. pp.380-381

Compliance Guideline(s)

Posting 911 meets the requirement of posting emergency numbers for ambulance, fire, and police, but not for posting the poison control number.

The program's street address must be posted in the same location as the emergency numbers.

If a portable phone or cell phone is used in the facility, emergency numbers must be posted in plain view so that anyone needing the information can easily find it. Emergency numbers can be posted either on the phone, on or near the base, or in a conspicuous place. They cannot be posted behind a closet or cupboard door.

If a telephone will not make outgoing phone calls, the emergency numbers do not have to be posted near that telephone.

If a classroom telephone is programmed to only dial 911, only the program's street address needs to be posted near it.

Violation Risk

Moderate

Requirement

- (2) The provider must ensure at least one person at the facility at all times children are in care, at least one person in each vehicle transporting children, and at least one person present during off-site activities has current Red Cross, American Heart Association, or equivalent pediatric First Aid and CPR certification. The provider must ensure the CPR certification is from a class that included hands-on testing.

Rationale / Explanation

Someone who is qualified to respond to emergencies must be present at all times when any child is in care, including during transportation and offsite activities. Injuries are more likely to occur when a child's surroundings or routine changes, so activities outside the facility may pose increased risk for injury. A person trained in first aid and CPR can lessen the severity of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. *CFOC 3rd ed. Standards 1.4.3.1-1.4.3.2. pp.24-25*

Compliance Guideline(s)

Current First Aid certificates from any source will be accepted.

The expiration date on the First Aid and CPR card determines whether the certification is current. If there is no expiration date listed on the card but the issue date is less than 1 year old, Child Care Licensing staff will accept the card as current. The person with a current First Aid certification and the person with a current CPR certification do not have to be the same person.

Due to differences in training courses, CNA certificates will not be accepted as approved CPR certification.

A current certification for RN's, LPN's or First Responders certification will be accepted for both CPR and First Aid.

Because it does not have hands-on testing, certification from the National CPR Foundation will not be accepted.

Violation Risk

Moderate

40-14 Emergency Preparedness and Response (continued)

Requirement

- (3) The provider must ensure documentation of current First Aid and CPR certification is available for review by the Child Care Licensing staff.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic records documentation for review.

Violation Risk

Low

Requirement

- (4) The provider must have, and follow when needed, a written Emergency Preparedness, Response, and Recovery Plan that is reviewed annually and updated when needed. The provider must ensure the plan is available for review by Child Care Licensing staff and includes procedures for at least:
- (a) shelter in place,
 - (b) lockdown,
 - (c) evacuation and relocation,
 - (d) communication with parents and reunification of families,
 - (e) continuity of operations, and
 - (f) accommodating infants and toddlers, children with disabilities, and children with chronic medical conditions during emergencies.

Rationale / Explanation

An organized, comprehensive approach to ensuring children's health and safety requires written plans, policies, and procedures, and adequate record-keeping. This allows clear expectations to be communicated to staff and parents, and helps hold staff responsible for following the written health and safety plan especially in the provider's absence or in an emergency. *CFOC 3rd ed. Standard 9.2.4.1. pp.364-365*

The provider's yearly review of the facility's health and safety plan helps keep policies and procedures current. A review by the Department is used to determine, in part, the provider's compliance with licensing rules. *CFOC 3rd ed. Standard 9.2.1.2. p.349; Standard 9.4.1.6. pp.380-381*

Compliance Guidelines

The plan has to include at least the procedures listed in the requirement and its contents are the responsibility of the provider.

Violation Risk

Moderate

Requirement

- (5) The provider must ensure fire evacuation drills are held during each month the program is open.

Rationale / Explanation

Conducting regular emergency and evacuation drills is an important safety practice. It helps adults and children understand necessary procedures and respond in a calm way in case of an actual emergency. It is necessary that caregivers practice how to care for and evacuate all children including non-mobile infants and children with physical or intellectual challenges. *CFOC 3rd ed. Standard 9.2.4.5. pp.370-371*

Compliance Guideline(s)

All children and all staff must exit the building during drills.

An actual fire evacuations can count as a monthly drill.

Violation Risk

Moderate

40-14 Emergency Preparedness and Response (continued)

Requirement

- (6) The provider must ensure the date and time of each fire evacuation drill is documented and the documentation is available for review by Child Care Licensing staff.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic records documentation for review.

Violation Risk

Low

Requirement

- (7) The provider must ensure disaster (other than fire) drills are held at least every six months that the program is open.

Rationale / Explanation

Conducting regular emergency and evacuation drills is an important safety practice. It helps adults and children understand necessary procedures and respond in a calm way in case of an actual emergency. It is necessary that caregivers practice how to care for and evacuate all children including non-mobile infants and children with physical or intellectual challenges.

CFOC 3rd ed. Standard 9.2.4.5. pp.370-371

Compliance Guideline(s)

All children and all staff must participate in the drill.

Procedures followed in an actual disaster can count as a drill.

Violation Risk

Moderate

Requirement

- (8) The provider must ensure the date and time of each disaster drill is documented and the documentation is available for review by Child Care Licensing staff.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic records documentation for review.

Violation Risk

Low

40-14 Emergency Preparedness and Response (continued)

Requirement

- (9) By the next working day, the provider must ensure Child Care Licensing staff is notified of any fatality, hospitalization, emergency medical response, or injury that required attention from a health care provider unless the medical service was part of the child's medical treatment plan. The provider must also ensure documentation of the incident is submitted to Child Care Licensing staff within five working days of the incident.

Rationale / Explanation

The Department can work with providers to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. *CFOC, 3rd Ed. p.383 Standard 9.4.1.10*

Compliance Guideline(s)

Receiving medical attention means the child is seen (either in person or online) by a health care professional or is assisted by any emergency personnel (police, ambulance, fire department, or EMS).

The provider may call CCL within 24 hours of a child's injury that required medical treatment, and then submit a report within 5 business days; or in place of the call, the provider may notify CCL within 24 hours by emailing, faxing, or submitting the accident report through the provider's Child Care Licensing portal.

Occasionally, the provider may not know that a child who was injured while in care received medical attention. For example, a parent may have taken their child to the doctor after they left the facility, and the provider did not find out until a day or two after the injury occurred. In this case, after being informed that the child received medical attention, the provider must report the incident by the end of CCL's next business day.

CCL notification is to be through the CCL Portal.

Violation Risks

High for not reporting a fatality

Low otherwise

40-15 Health and Infection Control

Requirement

(1) The provider must ensure all areas of the facility used for care are clean and sanitary.

Rationale / Explanation

Few young children practice good hygiene. Messy play is developmentally appropriate in all age groups, and especially among very young children, the same group that is most susceptible to infectious disease. These factors lead to soiling and contamination of equipment, furnishings, toys, and play materials. To avoid transmission of disease, the building, grounds, and materials must be cleaned and sanitized on a regular basis. *CFOC 3rd ed. Standard 5.3.1.4. p.239*

Young children sneeze, cough, drool, use diapers and are learning to use the toilet. They hug, kiss, and touch everything and put objects in their mouths. Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) contaminate environmental surfaces and may present an opportunity for infection by contact. *CFOC, 3rd Ed. pp.116-117 Standard 3.3.0.1*

Developing a cleaning schedule helps to ensure that the facility is properly cleaned on a regular basis. *CFOC, 3rd Ed. p.260 Standard 5.7.0.5*

It is also important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of food borne illness have occurred in child care settings. Many of these can be prevented through appropriate sanitation methods. *CFOC, 3rd Ed. p.93 Standard 4.9.0.9*

It is recommended that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and it is difficult to completely clean and sanitize in between cleaning surface areas with sponges. *CFOC, 3rd Ed. p.193 Standard 4.9.0.9*

Cracked or porous surfaces cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. *CFOC, 3rd Ed. p.186 Standard 4.8.0.3; pp.240-241 Standard 5.3.1.6*

Compliance Guideline(s)

An unsanitary environment has a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow, not when there is a mess from an activity done that day.

Violation Risks

Moderate when there is:

- rotting food or a buildup of food on a surface
- a slippery spill on a floor
- mold growing
- a visible buildup of dirt, soil, grime, etc.
- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is a child with asthma or another known respiratory condition in care
- feces in an accessible indoor area

Low when there is:

- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is no child with asthma or another known respiratory condition in care
- flooring or a wall that is damaged and cannot be effectively cleaned

40-15 Health and Infection Control (continued)

Requirement

- (2) To prevent and control infectious diseases, the provider must ensure all employees, volunteers, and children in care wash their hands thoroughly with liquid soap and warm running water:
- (a) before handling and/or preparing food;
 - (b) before serving and/or eating meals and snacks;
 - (c) after using the toilet;
 - (d) before administering and/or taking medication;
 - (e) after coming into contact with body fluids (blood, urine, feces, vomit, mucus, and saliva);
 - (f) after playing with or handling animals; and
 - (g) after cleaning and/or taking out garbage.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea and other illnesses among children and caregivers. *CFOC 3 ed. Standard 3.2.2.1. pp. 110-111* Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. *CFOC 3 ed. Standard 3.2.2.1. pp. 110-111*

According to the Centers for Disease Control and Prevention (CDC), handwashing helps prevent diarrhea and pneumonia, two of the leading causes of death in children around the world. Heavy amounts of diarrhea or intestinal parasites in young children have been linked to delays in development. However, proper handwashing before meals and after going to the toilet can lower exposure to germs. This can lessen illness and chronic inflammation – leading to better nutrition, more energy for growth and development, and better school attendance. In a CDC study, children who were taught about and practiced handwashing as part of their daily routine reached developmental milestones six months earlier and scored better in five areas of development than those children who did not practice regular handwashing. *“Improving Child Development: A New CDC Handwashing Study Shows Promising Results.” CDC, 4 May 2015, www.cdc.gov/healthywater/hygiene/programs/child-development.html.*

Washing hands before and after eating is especially important for children who eat with their hands. Good handwashing after playing in sandboxes will help prevent the ingestion of parasites that can be present in contaminated sand and soil. *CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1.*

Compliance Guideline(s)

When there is no visible dirt, grime, or body fluid on their hands, caregivers and children may use a hand sanitizer instead of soap and water only in the following situations:

- when coming in from outdoors
- when a snack is handed directly to a distressed child
- when the caregiver is in the bathroom supervising and does not touch any child or bathroom surface (When the caregiver has given any hands-on help, such as lifting a child on or off the toilet, or turning the water on or off, the caregiver must wash their hands.)

During evacuation drills, when the children go outside and go right back inside they are not required to wash their hands. When the children are allowed to play outside during and after the drills, they are required to wash their hands.

The caregiver is not required to wash an infant's hands after a bottle feeding or diaper change unless the infant's hands come in contact with a body fluid. When this is the case, the caregiver may clean the infant's hands with a baby wipe or soapy washcloth. When a soapy washcloth is used, the cloth must be washed after each use.

Violation Risk

Moderate

40-15 Health and Infection Control (continued)

Requirement

(3) The provider must ensure a body fluids clean up kit is used to clean up spills of body fluids.

Rationale / Explanation

Facilities must place emphasis on ensuring that staff members are able to clean up body fluids in a safe manner. *CFOC 3rd ed. Standard 5.6.0.1. pp.257-258*

The Occupational Safety and Health Administration (OSHA) requires that employers protect employees who may be exposed to blood-borne pathogens. Blood-borne pathogens are infectious microorganisms that are present in blood, such as hepatitis B virus. For a summary of the federal Blood-borne Pathogen Standard, see:

https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf

Children and adults may unknowingly have a contagious disease such as hepatitis B, HIV, or other infectious agent spread through contact with blood. Other infectious diseases, such as the common cold, influenza, strep throat, and cytomegalovirus (CMV) are spread through contact with saliva, vomit, urine, and feces. Also, some viruses can survive in a dried state for at least a week and perhaps even longer. For this reason, it is important to protect children and adults from exposure to infection by following safe procedures whenever handling and cleaning up body fluids. *CFOC 3rd ed. Standard 1.4.5.3. pp.30-31; Standard 3.2.3.4. pp.114-116*

Compliance Guideline(s)

Suggested contents for a body fluid clean up kit include:

- disposable gloves
- clumping cat litter, sawdust, or other absorbent material
- plastic garbage bags with ties or fasteners
- a plastic scoop and dustpan, or other tools to clean up absorbed body fluids
- paper towels
- disinfectant

Droplets of body fluid are not considered a "spill" of body fluids.

If blood from a bloody nose pools on the floor or ground, the body fluid kit must be used.

Violation Risk

Moderate

40-16 Food and Nutrition

Requirement

(1) The provider must meet the nutritional needs of the children in care.

Rationale / Explanation

Nourishing food is the cornerstone for children's health, growth, and development. The amounts and kinds of food that are served must meet children's nutritional requirements. Following the guidance from CACFP (or a registered dietitian) for meals and snack patterns ensures that the nutritional needs of children are met based on current scientific knowledge.

CFOC 3 ed. Standards 4.2.0.1-4.2.0.3. pp. 152-154

Compliance Guideline(s)

The provider should communicate with the parent and learn the eating habits of the children.

The children should be fed healthy food and should be given meals and/or snacks at least every 4 hours.

Violation Risk

High

Requirement

(2) The provider must ensure there is a record of known food allergies of children in care.

Rationale / Explanation

Food sensitivities and allergies are common in infants and children, and staff should know in advance whether a child has a food sensitivity or allergy. Deaths from food allergies are being reported in increasing numbers. *CFOC 3 ed. Standard 4.2.0.10. pp. 160-161; CFOC 3rd ed. Standard 9.4.2. pp. 386-391*

Compliance Guideline(s)

Providers must have parents tell them of known allergies and let them know when new allergies are discovered. This can be done verbally, in writing, by text, or in an email.

Providers should but are not required to post children's allergies in their food preparation area.

Violation Risk

High

Requirement

(3) Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.

Rationale / Explanation

A child may have a negative reaction to a particular food. Providers need to avoid additional harm to the child by immediately dealing with an adverse reaction, including by calling emergency personnel if necessary. *CFOC 3rd ed. Standard 3.6.3.3. p.143*

Compliance Guideline(s)

This can be done verbally, in writing, by text, or by email.

Violation Risk

High

40-17 Medications

Requirement

(1) The provider must ensure over the counter or prescription medications are inaccessible to children in care.

Rationale / Explanation

An estimated 71,000 children are seen in emergency departments each year because of unintentional medication poisonings. Over 80% of these visits were because a child found and consumed a medication without adult supervision. Ensuring that medications are inaccessible to children is a key in preventing medication poisoning. *CFOC 3rd ed. Standard 3.6.3.1. pp.141-142*

Some medications, such as eye drops or topical ointments, have a localized effect on the body and do not enter the blood stream. Some medications, such as pills, liquids, and some medicine patches, enter the blood stream and act on a specific organ or system of the body. The effects of a medication depend upon various factors – a person's age, weight, and fluid intake; interactions with food and other substances in the body; and the dosage and strength of the medication. Since children are at higher risk of experiencing adverse effects from being given medication, all medications must be inaccessible when not in use.

Compliance Guideline(s)

A substance (other than food and water) is considered a medication if it is taken into or placed on the body in order to:

- affect how the body functions,
- treat or cure a medical condition,
- relieve pain or symptoms of illness, and/or
- prevent infection, illness, or disease.

When a medication in a first aid kit, the first aid kit must be inaccessible.

Violation Risk

Moderate

Requirement

(2) The provider must ensure there is parental permission before administering medication to children in care.

Rationale / Explanation

Getting permission prior to administering medication protects both the children and the provider by ensuring that medication is never given to a child without parental knowledge and permission. Dispensing medication to children affects their health and errors may have legal consequences for the provider. *CFOC 3rd ed. Standard 9.4.2.6. p. 391.*

Compliance Guideline(s)

There must be permission from parent for each medication to be given to their child. This applies to both over-the-counter and prescription medications, whether they will be administered one time or on an ongoing basis.

If the same medication will be administered on an ongoing basis, permission is only required once as long as the administration instructions do not change.

Parental permission can be given verbally, in writing, by text, or by email.

Violation Risk

High

40-17 Medications (continued)

Requirement

(3) Immediately upon the recognition of the error, the provider must ensure parents are notified of any adverse reaction to a medication or an error in the administration of medication for their child(ren).

Rationale / Explanation

Occasionally, a child may have a negative reaction to medication that was given. Caregivers need to avoid additional harm to the child by immediately dealing with an adverse reaction or an error in administration, including by calling emergency personnel if necessary. *CFOC 3rd ed. Standard 3.6.3.3. p.143*

Compliance Guideline(s)

This can be done verbally, in writing, by text, or by email

Violation Risk

High

40-18 Activities

Requirement

(1) The provider must ensure the children in care have enough physical activity.

Rationale / Explanation

All children should participate in play, activities, and games that promote movement over the course of the day, both indoors and outdoors. Infants' and children's participation in physical activity is critical to their overall health, development of motor skills, social skills, and cognitive development. Daily physical activity is an important part of preventing excessive weight gain and childhood obesity. CFOC 3 ed. Standard 3.1.3.1. pp. 90-91

Light physical activity generally includes playing board games, puzzles, drawing, painting, etc.

Moderate physical activity generally includes yoga, indoor exercise, walking, shooting baskets, movement games, etc.

Vigorous physical activity generally includes running, climbing, jumping rope, playing sports, etc.

Compliance Guideline(s)

Providers must be sure children are not sitting for long periods of time and provide daily opportunities for all levels of physical activities.

Providers should limit the amount of screen time for children, especially young children.

Violation Risk

High

Requirement

(2) The provider must ensure parents are aware of any off-site activities.

Rationale / Explanation

Both children and providers are protected by ensuring that children are never taken off-site without parental awareness.

CFOC, 3rd Ed. p.338 Standard 9.4.2.3

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care, and that the provider will not allow their child to go off site without the parent's knowledge. CFOC, 3rd Ed. pp.64-66 Standard 2.2.0.1

Compliance Guideline(s)

Parents must be made aware of the days and times when children will be taken on off-site.

Parental awareness is not needed for spontaneous walking field trips when the children are away from the home for no more than 60 minutes and are within ½ mile of the home.

Violation Risk

Low

40-19 Play Equipment

If there is play equipment that is used by children in care and that is maintained by the provider, the provider must ensure:

Requirement

- (1) All stationary play equipment used by children in care meets the following requirements for use zones:
 - (a) When all children in care are at least two years old:
 - (i) If the height of a designated play surface (any accessible elevated surface for standing, walking, crawling, sitting, or climbing or an accessible flat surface at least 2" by 2" in size and having an angle less than 30 degrees from horizontal) or climbing bar on a piece of equipment, excluding swings, is greater than 30 inches:
 - The use zone must extend a minimum of 6 feet in all directions from the perimeter of each piece of equipment.
 - The use zones of two pieces of equipment that are positioned adjacent to one another may overlap if the designated play surfaces of each structure are no more than 30 inches above the protective cushioning underneath the equipment. When this is the case, there must be a minimum of 6 feet between the adjacent pieces of equipment.
 - There must be a minimum use zone of 9 feet between adjacent pieces of equipment if the designated play surface of one or both pieces of equipment is more than 30 inches above the protective cushioning underneath the equipment.
 - (ii) The use zone in the front and rear of a single-axis swing must extend a minimum of twice the height of the pivot point of the swing and may not overlap the use zone of any other piece of equipment.
 - (iii) The use zone of a multi-axis swing must extend a minimum of 6 feet plus the length of the suspending members and must never overlap the use zone of another piece of equipment.
 - (iv) The use zone for merry-go-rounds must never overlap the use zone of another piece of equipment.
 - (v) The use zone for spring rockers must extend a minimum of 6 feet from the at-rest perimeter of the equipment.
 - (b) When any child in care is an infant or toddler:
 - (i) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 18 inches:
 - The use zone must extend a minimum of 3 feet in all directions from the perimeter of each piece of equipment.
 - Use zones may overlap if two pieces of equipment are positioned adjacent to one another, with a minimum of 3 feet between the perimeters of the two pieces of equipment.
 - (ii) The use zone in front of a slide must not overlap the use zone of any other piece of equipment.
 - (iii) The use zone in the front and rear of all swings must extend a minimum distance of twice the height from the swing seat to the pivot point of the swing, and must not overlap the use zone of any other piece of equipment.
 - (iv) The use zone for the sides of a single-axis swing must extend a minimum of 3 feet from the perimeter of the structure, and may overlap the use zone of a separate adjacent piece of equipment.
 - (v) The use zone of a multi-axis swing must extend a minimum distance of 3 feet plus the length of the suspending members, and must never overlap the use zone of another piece of equipment.
 - (vi) The use zone for merry-go-rounds must never overlap the use zone of another piece of equipment.
 - (vii) The use zone for spring rockers must extend a minimum of 3 feet from the at-rest perimeter of the equipment.

Rationale / Explanation

A use zone is the area beneath and surrounding play equipment or a structure that 1) allows for unrestricted movement around the equipment; 2) is free of hard objects and surfaces, and other hazards; and 3) is cushioned to reduce injuries from falling. Injuries from falls and collisions are more likely to occur when equipment is inappropriately placed and the use zone is inadequate. *CFOC 3rd ed. Standard 6.2.2.1. p.272; Standard 6.2.2.4. p.273*

The use zones around equipment for infants and toddlers are smaller than those around equipment for preschoolers and school-age children because infants and toddlers do not jump or fall as far as older children do. If preschoolers or school-age children play on infant/toddler play equipment, the equipment must have a 6-foot use zone.

40-19 Play Equipment (continued)

A single-axis swing (sometimes called a to-fro swing) is intended to only swing back and forth and generally has a seat suspended by at least two chains or ropes, each being connected to a separate pivot on an overhead structure. CPSC *Public Playground Safety Handbook. Standard 5.3.8. p.237*

Compliance Guideline(s)

Measure from the ground to the highest designated play surface on each piece of stationary play equipment to determine whether a use zone is needed, and if needed, to determine how far the use zone is to extend.

- teeter-totters - Measure by pushing one end of the teeter-totter to the ground and then measuring from the ground to the top of the teeter-totter's seat that is raised to its highest position.
- spring rockers - Measure from the ground to the height of the rocker when it's at rest.

Determine whether each piece of stationary play equipment has an adequate use zone. To confirm that the use zone extends the required number of feet, measure from the outermost edge of the play equipment in all directions around and above it. The outermost edge does not include a third supporting pole or beam that extends outwards from the side of the play equipment frame.

- tunnels - When a tunnel, such as a caterpillar tunnel, has hand or foot holds and is used as a climber, a use zone is required. When a tunnel is used only to crawl through, a use zone is not required.
- stumps, disks, or pillars - When they are meant for stepping from one to the other, they are considered one piece of equipment (even though they are installed individually).

A use zone is required around the group of stumps, disks, or pillars, and not around each individual component.

- foam climbers (usually vinyl-covered) - Mats that are part of the equipment are considered part of the use zone.
- single-axis swing sets - Use zones are required in the front and rear of the swing and on the sides of the set.
- multi-axis swing sets - Use zones are required in all directions of the swing and on the sides of the set.
- embankment slides - Use zones are not required on the sides. Use zones at least as wide as the slide are required at the bottom of the slide chute.

A use zone is not required for:

- stumps, boulders, disks, or pillars that are only used as seating
- portable stumps that children can move around
- sand diggers
- areas above the roof of a piece of play equipment
- the back or side of a piece of equipment that is flush against a wall
- tetherball poles

Violation Risk

High

40-19 Play Equipment (continued)

Requirement

(2) There is adequate protective cushioning in all use zones.

- (a) If sand, gravel, or shredded tires are used as protective cushioning, the depth of the material must meet the Consumer Product Safety Commission (CPSC) guidelines in Table 1. The provider must ensure that the material is periodically checked for compaction, and if compacted, must loosen the material to the depth listed in Table 1. If the material cannot be loosened due to extreme weather conditions, the provider must ensure that children are not on the equipment until the material can be loosened to the required depth.

TABLE 1 Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires					
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Fine Sand	Coarse Sand	Fine Gravel	Medium Gravel	Shredded Tires
4' high or less	6"	6"	6"	6"	6"
Over 4' up to 5'	6"	6"	6"	6"	6"
Over 5' up to 6'	9"	9"	6"	9"	6"
Over 6' up to 7'	9"	Not Allowed	9"	Not Allowed	6"
Over 7' up to 8'	9"	Not Allowed	9"	Not Allowed	6"
Over 8' up to 9'	9"	Not Allowed	9"	Not Allowed	6"
Over 9' up to 10'	Not Allowed	Not Allowed	9"	Not Allowed	6"
Over 10' up to 11'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"
Over 11' up to 12'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"
Fine Sand is white sand in bags marked "play sand". 100% of the material must pass through a #16 screen. Coarse Sand is usually sand for landscaping or construction. 98% of the material must pass through a #4 screen. Fine Gravel is gravel with particles that are rounded and 3/8 inch or less in diameter. Medium Gravel is gravel with particles that are rounded and 1/2 inch or less in diameter.					

- (b) If shredded wood products are used as protective cushioning, the depth of the shredded wood must meet the CPSC guidelines in Table 2.

TABLE 2 Depths of Protective Cushioning Required for Shredded Wood Products			
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Engineered Wood Fibers	Wood Chips	Double Shredded Bark Mulch
4' high or less	6"	6"	6"
Over 4' up to 5'	6"	6"	6"
Over 5' up to 6'	6"	6"	6"
Over 6' up to 7'	9"	6"	9"
Over 7' up to 8'	9"	9"	9"
Over 8' up to 9'	9"	9"	9"
Over 9' up to 10'	9"	9"	9"
Over 10' up to 11'	9"	9"	9"
Over 11' up to 12'	9"	Not Allowed	Not Allowed

- (c) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning, the provider must ensure that the cushioning material is securely installed so that it cannot become displaced or picked up by children.

40-19 Play Equipment (continued)

- (d) Stationary play equipment may be placed on grass, but must not be placed on concrete, asphalt, dirt, or any other hard surface when:
- (i) all children in care are school age and the highest designated play surface (a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and that is at least 2" by 2" in size) is less than 30 inches from the ground and there are no moving parts on which children sit or stand.
 - (ii) all children in care are at least 2 years old and the highest designated play surface (a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and that is at least 2" by 2" in size) is less than 20 inches from the ground and there are no moving parts on which children sit or stand.
 - (iii) any child in care is an infant or toddler and the highest designated play surface (a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and that is at least 2" by 2" in size) is less than 18 inches from the ground and there are no moving parts on which children sit or stand.

Rationale / Explanation

Head-impact and other injuries present a significant danger to children. Falls onto a shock-absorbing surface are less likely to cause serious injury because the surface is yielding, so the force of impact is reduced. Cushioning under and surrounding play equipment should receive careful attention. *CFOC 3rd ed. Standard 6.2.3.1. pp273-274*

Compliance Guideline(s)

When the highest designated play surface is at least 6 inches from the ground, the equipment requires cushioning.

A fully enclosed area will not be considered the highest designated play surface.

A rounded tunnel sitting on the ground does not need cushioning unless it has a flat 2" by 2" surface on it.

When a tunnel, such as a caterpillar tunnel, has hand or foot holds and is used as a climber, cushioning is required. When the tunnel is used only to crawl through, cushioning is not required.

When there is stationary play equipment that varies in height, assess the cushioning around each part of equipment.

Acceptable cushioning materials include the following: sand, gravel, shredded tires, shredded wood products, and unitary cushioning material.

Ensure there is cushioning under each piece of indoor and outdoor piece of stationary play equipment that is required to have cushioning.

To determine the depth of cushioning, for each area with stationary play equipment:

- Dig to the bottom of the cushioning in three spots. For embankment slides, dig only at the bottom of the slide chute. For swing sets, dig under the at rest swing seats.
- Place the bottom edge of a metal or wood ruler at the bottom of the hole and record the depths.
- Refill the holes with the cushioning.
- The requirement is out of compliance when any of the depths were too low.

When there are various cushioning materials used in the same use zone, assess the depth of the material that requires the greatest depth.

When grass or weeds have grown into loose-fill cushioning in a use zone and the cushioning is no longer soft enough to displace, the requirement is out of compliance.

Pillows can be in the use zone of stationary play equipment, but may not be a substitute for approved cushioning.

This requirement is out of compliance when unitary cushioning material is not secured in place and it could become displaced when children jump, run, walk, land, or move on it, or if children could easily pick it up and move it.

Rubber mats are not required to be glued down when the tiles are interlocking without significant gaps between the tiles; when there is a border around the tiled play area that holds the tiles in place so they cannot be dislodged by children running or jumping on them; or when the equipment may be placed on grass due to the height of the equipment.

When the protective cushioning is frozen, the equipment may not be used by children in care.

Mats that are part of the foam climbers (usually vinyl-covered) are considered cushioning and part of the use zone.

Loose cushioning is considered compacted when a shovel won't easily go into the cushioning.

Violation Risk

High

40-19 Play Equipment (continued)

Requirement

- (3) Stationary play equipment has protective barriers on all play equipment platforms that are more than 48 inches above the ground. The bottom of the protective barrier must be less than 3-1/2 inches above the surface of the platform, and there can be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier must be at least 38 inches above the surface of the platform when all children in care are school-age and at least 30 inches above the ground when any child in care is younger than school-age.

Rationale / Explanation

This requirement is to ensure children are protected from falling off pieces of equipment.

Compliance Guideline(s)

Protective barriers cannot have horizontal bars or slats because they promote climbing.

A provider can add more than the required amount of protective cushioning to lessen the height of a platform so that it does not need a protective barrier.

Violation Risk

High

Requirement

- (4) There are no entrapment hazards on any piece of stationary play equipment or within or adjacent to the use zone of any piece of stationary play equipment.

Compliance Guideline(s)

This requirement applies to entrapment hazards that are outside of the use zone(s) of any piece of playground equipment and to entrapment hazards where a child's feet could not touch the ground.

Measure from the floor or ground (or other play surface) to the bottom of the opening to determine whether a child's feet could touch the ground. A child's feet could not touch the ground if:

- For infants or toddlers: the bottom of the opening is higher than 23¼ inches above the floor or ground.
- For preschoolers: the bottom of the opening is higher than 25¼ inches above the floor or ground.
- For school-age children: the bottom of the opening is higher than 33 inches above the floor or ground.

Assess entrapment hazards using the torso probe (6-1/2 inches by 3-1/4 inches). When the torso probe can pass through the opening, use the head probe (9 inches in diameter) and place it in the opening. When the head probe cannot pass through the opening, it is an entrapment hazard.

Entrapment hazards above 4' on fences will not be assessed as entrapment hazards.

Partially bound openings, such as those found in picket fences, will not be assessed as entrapment hazards.

Entrapment hazards that are higher than 48 inches from any surface a child could climb on and directly under a platform will not be assessed as entrapment hazards.

Violation Risk

High

40-19 Play Equipment (continued)

Requirement

(5) There are no strangulation hazards on any piece of stationary play equipment or within or adjacent to the use zone of any piece of stationary play equipment.

Rationale / Explanation

Strangulation is the leading cause of playground fatalities. Some of these deaths occur when drawstrings on sweatshirts, coats, and other clothing get caught in gaps in the equipment. The area on top of a slide is one potential trouble spot.

CFOC 3rd ed. Appendix EE. p.485

Compliance Guideline(s)

Strangulation hazards include:

- a bolt, screw, or other protrusion that passes the protrusion gauge test and which also project upward from a horizontal plane
- a bolt, screw or other protrusion that increases in size or diameter as it moves away from the surface (for example, a bolt with a washer on the outside of a nut, where the washer is greater in diameter than the nut or, a bolt with a large bolt head, where the bolt head is not flush with the surface)
- bolt ends that extend more than two threads beyond the face of the nut
- on slides: a gap on the top or sides of a slide that the 1/8", 2" diameter protrusion gauge could pass all the way through
- on "S" hooks: a gap in an "S" hook that a dime could fit in
- hanging ropes, cords, or chains, on stationary play equipment, that are longer than 12" and that can make a loop 5" in diameter, except ropes, cords, or chains with swings attached to the bottom of them
- ropes, cords, or chains that hang into the use zone of a piece of playground equipment and are attached to something solid

Connectors such as "S" hooks that have openings that don't face downward and are greater than .04 inches (the width of a dime) are strangulation hazards.

Connectors at the top of free standing swings that are more than 8 feet high and those at the top of swings with cross bars more than 8 feet high will not be assessed.

To assess compliance:

- Check each piece of play equipment for possible strangulation hazards.
- Check the entire use zone for possible strangulation hazards. The use zone surrounds the equipment including the use zone above the equipment. This means that there cannot be tree branches or another object that creates a strangulation hazard in the use zone above the equipment.

Protrusions

Strangulation hazards caused by protrusions include:

- bolt ends that extend more than two threads beyond the face of the nut unless the bolt end is facing straight down
- a bolt, screw, or other protrusion which increases in size or diameter as it moves away from the surface (e.g. a bolt with a large bolt head that is not flush with the surface)
- a bolt, screw, or other protrusion angled upward from a horizontal plane that fails the protrusion gauge test
- loose handholds on climbing walls

To assess protruding elements on pieces of playground equipment for possible strangulation hazards, use the A-, B-, and/or C-gauge.

- When a gauge does not fit over the protrusion, it is not a strangulation hazard.
- When a gauge fits over the protrusion and the protrusion does not extend beyond the gauge, it is not a strangulation hazard.
- When a gauge: 1) fits over the protrusion, 2) angles upward from a horizontal plane and is not in a recessed area, 3) extends beyond the face of the gauge, and 4) is at a height where a child's feet could not touch the ground, it is a strangulation hazard.

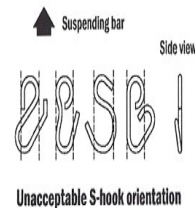
40-19 Play Equipment (continued)

Gaps or Openings

Strangulation hazards caused by hardware gaps or spaces between components include a hardware connector, such as an S- or C-hook, that has a gap or opening greater than .04 of an inch (the edge of a dime) and the opening does not face downward.

To assess gaps for possible strangulation hazards:

- Inspect all connectors such as S- and C-hooks, no matter where they are located on a piece of equipment, except those that are:
 - at the top of a free standing swing higher than 8 feet
 - at the top of a swing with a crossbar that is higher than 8 feet
- Use a dime (or the wire hook tool) to measure the width of the gap or space.
 - When the dime or tool does not fit in the gap, it is not a strangulation hazard.
 - When the dime or wire tool fits into the gap and the gap angles upward, it is a strangulation hazard.



Hanging Ropes, Cords, Chains

Strangulation hazards caused by ropes, cords, chains, etc. include:

- Hanging ropes, cords, wires, or chains longer than 12 inches that can make a loop 5 inches in diameter, except ropes, cords, wires, or chains with swings or tetherballs attached to the bottoms of them.
- Ropes, cords, twine, etc. that hang into the use zone of a piece of playground equipment and are attached to something solid.
- Ropes that are not anchored securely at both ends, and/or are capable of forming a loop or a noose.

To assess ropes, cords, chains, twine, etc. for possible strangulation hazards:

- Measure the rope, cord, or chain to determine if it is longer than 12 inches.
- Determine if it can make a loop that is 5 inches in diameter.
 - When the rope is not 12 inches or longer and cannot make a 5-inch loop, it is not a strangulation hazard.
 - When the rope is 12 inches or longer and can make a 5-inch loop, it is a strangulation hazard if attached to a solid structure or other object.

Do not assess gaps at the top of slide chutes.

The following equipment components are not strangulation hazards:

- Protrusion or strangulation hazards on the underside of platforms that are 48 inches or higher.
- Protrusions on the top crossbar of free standing swings when the top of the swing is higher than 8 feet tall and there is not a horizontal bar between the support poles, nor is the swing attached to any other component or platform.
- Protruding parts that are molded as a part of the design for dramatic play, such as the eyepiece of a telescope or the ear of an animal (as long as the part is in good repair and no parts are missing).
- Handholds and foot bars that are designed for that purpose, such as those found on spring rockers.
- A bolt end or other protruding hardware in recessed areas unless it extends past the recessed area.
- Ropes or cords suspending a tetherball or swing.

Violation Risk

High

40-19 Play Equipment (continued)

Requirement

(6) When any child in care is an infant or toddler:

- (a) There are no designated play surface that exceed 3 feet in height on any piece of stationary play equipment used by infants and toddlers.

Rationale / Explanation

Equipment that is sized for larger and more mature children poses challenges that younger, smaller, and less mature children may not be able to handle. *CFOC 3rd ed. Standard 6.2.1.1. p.269*

Compliance Guideline(s)

The highest designated play surface is determined by measuring from the floor or ground to the equipment's highest designated play surface.

A fully enclosed area on the play equipment, such as an elevated crawling tube, will not be considered the highest designated play surface.

Violation Risk

High

Requirement

(6) When any child in care is an infant or toddler:

- (b) Swings used by infants and toddlers must have enclosed seats.

Rationale / Explanation

This rule is based on guidelines from CPSC. Enclosed (or bucket) seats are recommended in order to provide support on all sides of an infant or toddler, and because they have a safety restraint system that fits between the legs to prevent the child from falling out. *CPSC. Public Playground Safety Handbook. Standard 5.3.8.3.2. p.39*

Violation Risk

High

40-20 Transportation

If transportation is provided:

Requirement

- (1) While transporting children in care, the provider must ensure the driver has children in care in appropriate individual safety restraints.

Rationale / Explanation

"Safety restraints" refers to seat belts, car seats, and booster seats.

Statistics show that seat belts save lives. Victims that are not properly restrained account for more than one-half of all fatal car accidents. Also, children are likely to be buckled 92% of the time when adults in the car use seat belts, as opposed to 72% of the time when adults are not using them. *CFOC 3 ed. Standard 6.5.2.2. pp. 289-291*

For a safety restraint to be effective in preventing injury or death in a vehicle accident, the restraint must be age and size appropriate, installed according to manufacturer's instructions, and in working condition.

Child restraint laws vary by state. For up-to-date information on Utah's laws, check with the Insurance Institute for Highway Safety at <https://www.iihs.org/topics/child-safety>

To better understand which safety restraint is appropriate, how to install a car or booster seat, and where to get a car seat safety check, call 1-866-SEAT-CHECK or go to <https://www.nhtsa.gov/equipment/car-seats-and-booster-seats>

Compliance Guideline(s)

Safety restraints (seat belts, car seats, and booster seats) must be securely installed during transportation.

Safety restraints are considered in safe condition and working order when they are not broken, frayed, or torn, and their locks work properly.

Providers must buckle the safety belts for younger children and check to be sure older children buckled their seat belts.

Violation Risk

High

Requirement

- (2) While transporting children in care, the provider must ensure the driver never leaves the children in care unattended in the vehicle.

Rationale / Explanation

The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. *CFOC, 3rd Ed. pgs. 6-7 Standard 1.1.1.4, pp.64-66 Standard 2.2..0.1, pp.287-288*

Compliance Guideline(s)

Leaving children unattended in the vehicle includes leaving them alone while they go inside a store to pay for gas.

When providers have to leave the vehicle, they must take the children with them.

Violation Risk

High

Requirement

- (3) While transporting children in care, the provider must ensure the driver is not intoxicated or impaired.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol and illegal substances an absolute requirement. *CFOC, 3rd Ed. pp.118-119 Standard 3.4.1.1, p.363 Standard 9.2.3.15*

Compliance Guideline(s)

The provider must never transport children after drinking alcohol or after taking any medication that may diminish their abilities.

Violation Risk

High

40-21 Animals

Currently there are no requirements for this section.

40-22 Rest and Sleep

Currently there are no requirements for this section.

40-23 Diapering

If diapering is provided:

Requirement

(1) The provider must ensure children's diapers are changed at a diaper changing station with railings.

Rationale / Explanation

Diapering stations should be equipped with railings or barriers to prevent falls. Safety straps on changing tables trap soil and they are not easily disinfected. Therefore, diaper changing tables should have railings instead of using the safety straps. *CFOC 3rd ed. Standard 5.4.2.5. p.250*

Compliance Guideline(s)

This applies to infants and toddlers only.

Children who are too large to be changed at the diapering station, such as older children with disabilities, may be changed on a nap mat or other smooth, waterproof surface placed on the floor, provided the surface is thoroughly cleaned and sanitized after each diaper change. When this is the case, the children are to be changed next to the diaper changing station and not in any other area of the room.

Diapering stations with a molded edge that prevents children from falling are acceptable, unless the diapering mat is thick enough that it is flush with the molded edge, so that the molded edge does not protect children from rolling or falling off the changing table.

Violation Risk

High

Requirement

(2) The provider must ensure caregivers do not leave children unattended when the children are on the diapering surface.

Rationale / Explanation

Data from the Consumer Product Safety Commission (CPSC) shows that falls are a serious hazard associated with diaper changing tables. Caregivers should never leave a child unattended on a diapering surface. *CFOC 3rd ed. Standard 5.4.2.5. p.250*

Compliance Guideline(s)

Caregivers are considered attending the child if they are facing the child and not more than an arm's length away from the child.

Violation Risk

High

40-24 Infant and Toddler Care

If any child in care is younger than two years old is in the facility/program:

Requirement

- (1) The provider must ensure high chairs have T-shaped safety straps or devices that are used whenever a child is in the chair.

Rationale / Explanation

Highchairs need a T-shaped safety strap or device to prevent children from sliding out of the highchair and falling to the ground, or sliding partway out and becoming entrapped and posing the risk of strangulation. *CFOC 3rd ed. Standard 5.3.1.8. pp.241-242*

Compliance Guideline(s)

Booster seats are considered high chairs.

When high chairs are on or low enough to the floor that children's feet touch the ground while sitting in the chairs, t-shaped straps or devices are not required.

Violation Risk

High

Requirement

- (2) The provider must ensure infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen and are not be placed to sleep on mats or cots or in bouncers, swings, car seats, or other pieces of similar equipment.

Rationale / Explanation

Injuries, such as falls or entrapment, and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in equipment not designed for sleep. Sleeping in a seated position can restrict breathing and decrease oxygen in an infant's blood. Sleeping should occur in equipment specifically manufactured for this activity. *CFOC 3rd ed. Standard 2.2.0.2. p.66*

Cradles and bassinets are not immune to the hazards that may cause SIDS. Ninety percent of SIDS cases occur during the first six months of a baby's life, which is prime bassinet time. CPSC guidelines stipulate: 1) a sturdy bottom and wide base; 2) smooth surfaces without protruding hardware; 3) legs with locks to prevent folding while in use; 4) a firm, snugly fitting mattress; and 5) adherence to the manufacturer's guidelines regarding maximum weight and size of the infant. *Pike, Jodi & Moon, Rachel. (2008). Bassinet Use and Sudden Unexpected Death in Infancy. Journal of Pediatrics. pp. 509-512*

Compliance Guideline(s)

A crib is defined as a child's bed that has sides for protection from falling.

The following equipment is not approved to sleep infants: a mat, cot, pillow, bouncer, swing, or car seat; any size bed; a crib that has been converted into a toddler bed; a couch or chair, even when the caregiver is sitting next to the infant; a Boppy pillow, even when it is placed on or in a bed, crib, cradle, bassinet, playpen, or play yard; a bassinet or cradle when the infant is able to push up on hands and knees, pull up, or sit unassisted.

Before a caregiver sleeps an infant in equipment such as a motion glider, rocker, bouncer or napper, the caregiver must obtain and keep available for review written documentation from the manufacturer stating that the equipment is approved for sleeping infants.

Infants may not sleep on blankets inside on the floor or on the ground. Caregivers may take approved equipment outside to use for sleeping the infant.

It is not violation if an infant is asleep in a car seat when arriving at the facility and the caregiver immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a violation if more than 5 minutes elapse before the infant is moved.

It is not a violation when an infant falls asleep in a piece of equipment not designed for sleeping, and the caregiver immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a violation when more than 5 minutes elapse before the infant is moved.

The caregiver may hold an infant while the infant sleeps.

Violation Risk

High

40-24 Infant and Toddler Care (continued)

Requirement

- (3) The provider must ensure infants are placed on their backs for sleeping unless there is documentation from a health care provider for the treatment of a medical condition.

Rationale / Explanation

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). However, deaths in child care facilities attributable to SIDS continue to occur at an alarming rate, with many of these deaths associated with infants sleeping in a prone position (on their stomachs). *CFOC 3rd ed. Standard 3.1.4.1. pp.96-99*

For more information about safe sleep practices for infants, visit:

https://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/NICHD_Safe_to_Sleep_brochure.pdf

Violation Risk

High

Requirement

- (4) When there are more than eight children in the area, the provider must ensure infants and toddlers do not use the outdoor play area at the same time as older children.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. *CFOC, 3rd Ed. p.59 Standard 2.1.2.4*

Compliance Guideline(s)

When there is a separate, enclosed outdoor play area for infants and toddlers, they may be outside at the same time as other groups of children.

Violation Risk

High